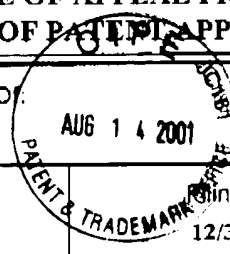
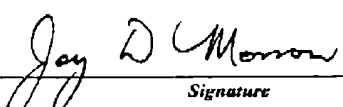


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|---|-------------------------|-------------------------------|---------------------------|--|
| NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES (Small Entity) | | | Docket No. 032931/0218 | |
| In Re Application Of: ALAIN CADIEUX | | | | |
| <div style="text-align: center;">  </div> | | | | |
| Serial No. 09/475,072 | Filing Date 12/30/99 | Examiner PATRICK NOLAN | Group Art Unit 1644 | |
| Invention: USE OF CALCITONIN GENE-RELATED PEPTIDE IN THE PREVENTION AND ALLEVIATION OF ASTHMA AND RELATED BRONCHOSPASTIC PULMONARY DISEASE | | | | |
| <u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u> | | | | |
| Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner dated 02/14/01 finally rejecting Claim(s) 2-26 | | | | |
| Applicant is a small entity under 37 CFR 1.9 and 1.27. | | | | |
| A verified statement of small entity status under 37 CFR 1.27: | | | | |
| <input type="checkbox"/> is enclosed. | | | | |
| <input checked="" type="checkbox"/> has already been filed in this application. | | | | |
| The fee for this Notice of Appeal is: \$155.00 | | | | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | | | |
| <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. A duplicate copy of this sheet is | | | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-2550 | | | | |
| A duplicate copy of this sheet is enclosed. | | | | |
|  Signature Joy D. Morrow (Reg. No. 30911) | | Dated: August 14, 2001 | | |
| <div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. Signature of Person Mailing Correspondence Typed or Printed Name of Person Mailing Correspondence </div> | | | | |
| cc: | | | | |

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